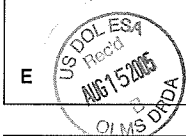


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>25027</u> 8342	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Marc</u> <u>J</u> <u>Furman</u> P.O. Box, Bldg., Room No., if any _____ Street <u>501 N. Lamb Blvd., Ste. 1</u> City <u>Las Vegas</u> State <u>Nevada</u> ZIP Code + 4 <u>89110</u>	4. Name, file number, and address of labor organization. Name <u>Southwest Regional Council of Carpenters</u> Labor Organization File Number <u>025-027</u> P.O. Box, Building and Room Number, if any _____ Street <u>533 S. Fremont Avenue, 10th Floor</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90071</u>
5. Position in labor organization. <u>Senior Administrative Assistant</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

08/10/2005

Date

702-531-1825

Telephone Number

Name of Person Filing Marc Furman	File Number U- 25027
-----------------------------------	----------------------

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Schreck-Brignone

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 300 S. Fourth Street

City Las Vegas

State Nevada ZIP Code + 4 89101

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Construction Ind. & Carpenters Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 980 Kelly Johnson Drive, Ste. 160

City Las Vegas

State Nevada ZIP Code + 4 89119

11.a. Nature of such dealing.

Legal Counsel to Trust Fund

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12/07/04 - Rodeo Tickets for Christmas

12.b. Amount.

\$52

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Marc Furman	File Number U- 25027
-----------------------------------	----------------------

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Benefit Plan Administrators, Inc.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 445 Apple Street</p> <p>City Reno</p> <p>State Nevada ZIP Code + 4 89502</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Carpenters Health & Insurance Trust Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 445 Apple Street</p> <p>City Reno</p> <p>State Nevada ZIP Code + 4 89502</p>	<p>11.a. Nature of such dealing.</p> <p>Administrator for Trust Fund</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12/04 - Bottle of wine - Christmas Gift</p> <p>12.b. Amount. \$60</p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Harbaugh Hotel Management Corp.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1600 N. Indian Canyon Drive

City Palm Springs

State California ZIP Code + 4 92262

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Southwest Carpenters Trusts

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 533 S. Fremont Avenue

City Los Angeles

State California ZIP Code + 4 90071

11.a. Nature of such dealing.

Manages Hotel For Trusts

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

2/15/04 - Fruit/Cheese Plate at Training Meeting

12.b. Amount.

\$30